

**BEST AVAILABLE COPY**

| POSITION            | INITIALS | ID NO. | DATE     |
|---------------------|----------|--------|----------|
| FEE DETERMINATION   | N        | 701008 | 11-18-99 |
| O.I.P.E. CLASSIFIER |          |        | 11/23/99 |
| FORMALTY REVIEW     |          |        | 2-9-00   |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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